

1.) CORPORATION NAME:

A.D.R.A. EDUCATIONAL FOUNDATION, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**AUTOMOTIVE DISMANTLERS AND RECYCLERS
ASSOCIATION
INC
9113 CHURCH ST**

SCC ID NO: **F1013988**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MANASSAS, VA 20110

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9113 CHURCH ST

CITY/ST/ZIP: MANASSAS, VA 20110-5456

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SANDY BLALOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11 EASTWIND LANE		
CITY/ST/ZIP/CO:	EDGEWOOD, NM 87015		

NAME:	NORMAN WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2323 W MULBERRY PL		
CITY/ST/ZIP/CO:	DENVER, CO 80204		

NAME:	FRAN REITMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6810 FOUR MILE PIKE		
CITY/ST/ZIP/CO:	MELBOURNE, KY 41059		

NAME:	ROSS NICASTRI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 CHIFLEY ST		
CITY/ST/ZIP/CO:	SMITHFIELD , , FN		

NAME:	BILLY ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 83		
CITY/ST/ZIP/CO:	MOFFETT, OK 74946		

NAME:	KELLY ROEPKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 565		
CITY/ST/ZIP/CO:	EFFINGHAM, IL 62401		

NAME: CHRIS WRIGHT TITLE: DIRECTOR ADDRESS: PO BOX 489 CITY/ST/ZIP/CO: THOMASVILLE, GA 31799	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES WATSON TITLE: DIRECTOR ADDRESS: 13741 S. ASHLAND AVENUE CITY/ST/ZIP/CO: RIVERDALE, IL 60827	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED ANSPACH TITLE: DIRECTOR ADDRESS: 51 MAIN STREET CITY/ST/ZIP/CO: ONO, PA 17077	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM BUTLER TITLE: DIRECTOR ADDRESS: 6401 N. PALAFOX STREET CITY/ST/ZIP/CO: PENSACOLA, FL 32503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL D TITLE: DIRECTOR ADDRESS: 70 MACONDRAY STREET CITY/ST/ZIP/CO: CUMBERLAND, RI 02864	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER SCHRODER TITLE: DIRECTOR ADDRESS: 1980 HIGHLAND PIKE CITY/ST/ZIP/CO: FT. WRIGHT, KY 41017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE FLETCHER TITLE: DIRECTOR ADDRESS: 134 LANGARTH STREET CITY/ST/ZIP/CO: LONDON, ON N6C 1Z5, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SANDY BLALOCK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SANDY BLALOCK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/26/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		